

May 6, 2004



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Our Reference: 5174-73

FORMAL DRAWINGS

Drawing Processing Branch
The Commissioner of Patents & Trademarks
Washington, D.C.
U.S.A. 20231

Dear Sir:

Re: U.S. Patent Application No. 10/758,194
For: VERTICAL CONVEYOR
Applicant: Cardinal Meat Specialists Limited

On behalf of the Applicants, we enclose one set of five sheets of formal drawings to replace the informal drawings currently on file. The enclosed formal drawings correspond to the drawings as originally filed and do not include any new matter.

If there are any concerns about the formal drawings, please contact the undersigned at (416) 957-1606

Respectfully submitted,

Shawn D. Jacka
Registration No. 43,379

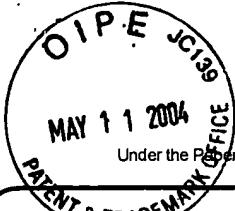
/as
Enclosure
Formal Drawings (Figs. 1 to 5)

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| | | | |
|--|---|------------------------|------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 10/758,194 |
| | | Filing Date | January 16, 2004 |
| | | First Named Inventor | Cam BEATTY |
| | | Art Unit | n/a |
| | | Examiner Name | n/a |
| Total Number of Pages in This Submission | 7 | Attorney Docket Number | 5174-73 |

ENCLOSURES (check all that apply)

| | | | | | | |
|--|---|---|---------|-----------------|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Covering Letter | | | | |
| <table border="1"> <tr> <td>Remarks</td> <td>Formal Drawings</td> </tr> <tr> <td colspan="2"></td> </tr> </table> | | | Remarks | Formal Drawings | | |
| Remarks | Formal Drawings | | | | | |
| | | | | | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|-------------------------|-----------------|--|
| Firm or Individual name | Bereskin & Parr | |
| Signature | | |
| Date | May 6, 2004 | |

CERTIFICATE OF TRANSMISSION/MAILING

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